

DEPARTMENT OF DEFENSE PROGRAM EXECUTIVE OFFICER - WAIVER REQUEST			REPORT CONTROL SYMBOL DD-P&R(Q&A)1841	
COMPONENT/ORGANIZATION				
1. TO <i>(Component Acquisition Executive (CAE))</i>		2. VIA <i>(Director, Acquisition Career Management (DACM))</i>		
3. COPY TO <i>(USD(A)AET&CD)</i>		4. FROM <i>(Organization and Address)</i>		
POSITION DATA				
5. POSITION NUMBER	6. POSITION TITLE	7. GRADE/RANK	8. OCCUPATIONAL SERIES/ SPECIALTY	
IDENTIFICATION AND PERSONAL DATA				
9. NAME <i>(Last, First, Middle Initial)</i>		10. GRADE/RANK	11. SSN	
12. ACQUISITION CAREER FIELD		13. OCCUPATIONAL SERIES/SPECIALTY		
14. WAIVER REQUEST <i>(X one)</i>				
<input type="checkbox"/>	ABSENCE OF PROGRAM MANAGEMENT COURSE	<input type="checkbox"/>	ABSENCE OF TEN YEARS' ACQUISITION EXPERIENCE	<input type="checkbox"/>
<input type="checkbox"/>	ABSENCE OF PROGRAM MANAGER/ DEPUTY PROGRAM MANAGER EXPERIENCE	<input type="checkbox"/>	ABSENCE OF FOUR YEARS' EXPERIENCE IN CRITICAL ACQUISITION POSITIONS	<input type="checkbox"/>
15. REQUEST BASED ON DETERMINATION THAT INDIVIDUAL POSSESSES THE FOLLOWING QUALIFICATIONS THAT OBLIATE THE NEED FOR MEETING THE EDUCATION, TRAINING AND EXPERIENCE REQUIREMENTS <i>(Written narrative - use other side if needed)</i>				
16. REQUESTING OFFICIAL				
a. TYPED NAME		b. GRADE	c. ORGANIZATION	
d. SIGNATURE			e. DATE (YYYYMMDD)	
17. COMPONENT APPROVING OFFICIAL				
a. TYPED NAME		b. TITLE		
c. SIGNATURE			d. DATE (YYYYMMDD)	